

AMENDED IN SENATE AUGUST 28, 2006

AMENDED IN SENATE AUGUST 16, 2005

AMENDED IN SENATE JULY 5, 2005

AMENDED IN ASSEMBLY APRIL 5, 2005

AMENDED IN ASSEMBLY MARCH 2, 2005

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

ASSEMBLY BILL

No. 180

**Introduced by Assembly Member ~~Jerome Horton~~ Members
Torrico and Jerome Horton
(Coauthors: Assembly Members Benoit, Matthews, and Nation)**

January 24, 2005

~~An act to amend Sections 6738 and 8729 of the Business and Professions Code, and to amend Sections 16101, 16956, and 16959 of the Corporations Code, relating to limited liability partnerships. An act to amend Section 2341 of, and to add Section 2357 to, the Business and Professions Code, relating to physicians and surgeons.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 180, as amended, ~~Jerome Horton~~ Torrico. ~~Limited liability partnerships: engineers and land surveyors. Diversion program: Clinical Quality Assurance Council for Diversion.~~

Existing law, the Medical Practice Act, creates the Medical Board of California that, through its Division of Medical Quality, disciplines physicians and surgeons for unprofessional conduct, including excessive use of drugs or alcohol. Under the act, the division establishes, until July 1, 2008, diversion evaluation committees that

evaluate physicians' and surgeons' requests to participate in diversion, review treatment facilities, and evaluate physicians' and surgeons' participation in the diversion program.

This bill would require the division to create a Clinical Quality Assurance Council for Diversion that would evaluate the diversion program and report to the division concerning the conduct of the diversion program.

~~Existing law provides for the licensure and regulation of engineers and land surveyors. Existing law provides for the formation of various types of legal entities, including limited liability partnerships and foreign limited liability partnerships. Under existing law, registered limited liability partnerships and foreign limited liability partnerships may only be formed for the practice of accountancy, the practice of law, and, until January 1, 2007, the practice of architecture.~~

~~This bill would also authorize, until January 1, 2009, registered limited liability partnerships and foreign limited liability partnerships to be formed for the practice of engineering or land surveying, and would provide that engineers or land surveyors are not prohibited from practicing or offering to practice, within the scope of their registration, as a limited liability partnership.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 *SECTION 1. Section 2341 of the Business and Professions*
- 2 *Code is amended to read:*
- 3 2341. ~~As used in~~ *The following definitions apply for purposes*
- 4 *of this article:*
- 5 (a) ~~"Division" means the Division of Medical Quality of the~~
- 6 ~~Medical Board of California.~~
- 7 ~~(b)~~ *"Committee" means a diversion evaluation committee*
- 8 *created by this article.*
- 9 (b) *"Council" means the Clinical Quality Assurance Council*
- 10 *for Diversion created by Section 2357.*
- 11 (c) *"Division" means the Division of Medical Quality of the*
- 12 *Medical Board of California.*
- 13 (d) *"Program manager" means the staff manager of the*
- 14 *diversion program or his or her designee.*

1 *SEC. 2. Section 2357 is added to the Business and*
2 *Professions Code, to read:*

3 2357. (a) *The Clinical Quality Assurance Council for*
4 *Diversion is hereby created and shall be established and*
5 *supported by the division.*

6 (b) (1) *The council shall be composed of the following*
7 *members:*

8 (A) *Two members of the division who shall be ex officio*
9 *members.*

10 (B) *The chairs of each committee.*

11 (C) *Two members each, representing and nominated by the*
12 *California Society of Addiction Medicine, the California*
13 *Psychiatric Association, and the California Medical Association.*

14 (2) *Each appointment to the council shall be for a term not to*
15 *exceed four years, which may be renewed once. In its discretion,*
16 *the division may stagger the terms of the initial members*
17 *appointed to the council.*

18 (c) *Each member of the council shall meet the following*
19 *minimum qualifications at the time of his or her appointment:*

20 (1) *Hold a current, unrestricted physician's and surgeon's*
21 *certificate in good standing.*

22 (2) *Have no current accusation pending and have no*
23 *complaint closed with merit.*

24 (3) *Have no current participation in the diversion program*
25 *created under this article. A person who successfully completed*
26 *the diversion program may be appointed to the council if he or*
27 *she completed the program a minimum of two years prior to the*
28 *appointment date and has a minimum of five consecutive years of*
29 *uninterrupted recovery prior to the appointment date.*

30 (4) *Hold board certification by an American Board of Medical*
31 *Specialties' member specialty board or by a specialty board with*
32 *equivalent requirements approved by the Division of Licensing*
33 *or possess qualifications in an emerging specialty or*
34 *subspecialty or possess certification in addiction medicine or*
35 *successful completion of an addiction medicine or psychology*
36 *fellowship that is, at a minimum, of one year in duration.*

37 (5) *Completion of two years, at minimum, of either*
38 *professional experience in the treatment of an addiction or*
39 *mental illness or professional involvement in well-being activities*
40 *for a physician and surgeon.*

1 (d) (1) *The council shall hold regular meetings at least three*
2 *times a year. The meetings shall be open to the public.*

3 (2) *The council shall elect from its membership a chairperson*
4 *and a vice chairperson to serve for a term of two years, which*
5 *may be renewed by action of the council.*

6 (3) *A majority of members of the council shall constitute a*
7 *quorum necessary to conduct business at a meeting. Action by*
8 *the council on reports or any recommendation to be made to the*
9 *division requires the affirmative vote of a majority of the quorum*
10 *present at council meetings.*

11 (4) *If a member of the council has two consecutive, unexcused*
12 *absences from meetings, the division at its next regularly*
13 *scheduled meeting may replace him or her by appointing a new*
14 *member to the council. If the division has appointed a*
15 *replacement member, it may notice its intent to withdraw the*
16 *appointment and may reappoint the replaced member if he or she*
17 *submits to the division a written request to continue to serve on*
18 *the council. A vote of the division to confirm the appointment is*
19 *required in order for the member to return to serve on the*
20 *council.*

21 (e) (1) *The council is authorized to review the diversion*
22 *program on an ongoing basis and to report to, and advise, the*
23 *division about matters related to quality control and outcomes*
24 *evaluations in the diversion program. The council may seek*
25 *advice from other individuals with programmatic or clinical*
26 *expertise relevant to clinical quality assurance for diversion*
27 *programs.*

28 (2) *The council shall present a report and meeting minutes to*
29 *the division at each of the division's regularly scheduled*
30 *meetings and shall report annually concerning the conduct of the*
31 *diversion program under this article, including, but not limited*
32 *to, the following matters:*

33 (A) *The division or its committees that have requested advice*
34 *from the council.*

35 (B) *The role and function of the committees and criteria for*
36 *selecting members.*

37 (C) *Criteria for selecting program staff, consultants, group*
38 *facilitators, case managers, and treatment resources.*

39 (D) *Quality assurance standards for the acceptance and*
40 *effective monitoring of participants in the diversion program and*

1 review of studies to assess how closely the program conforms to
2 those standards.

3 (E) The appropriateness of the mechanisms used or proposed
4 by the diversion program for evaluating and monitoring the
5 physicians and surgeons participating in the program and the
6 manner by which each element is, or would be, used by the
7 program. The elements include, but are not limited, to the
8 following:

9 (i) Monitoring mechanisms.

10 (ii) Participation in diversion program group meetings.

11 (iii) Toxicology testing.

12 (iv) Relapse detection and management.

13 (v) Worksite monitoring.

14 (vi) Treatment planning, selection of treatment options,
15 treatment objectives, and the duration of treatment.

16 (vii) Treatment coordination between the treatment providers
17 and the diversion program.

18 (viii) Criteria for evaluating the effectiveness of the diversion
19 program in monitoring and assessing the rehabilitation of
20 physicians and surgeons with impairment due to the abuse of
21 dangerous drugs or alcohol or due to mental or physical illness
22 to facilitate their return to practice in a manner that will not
23 endanger the public health and safety.

24 (ix) Information that should be collected in order to conduct a
25 reliable evaluation of the effectiveness of the diversion program
26 and quality assurance standards for conduct of the diversion
27 program.

28 (f) In order to carry out its functions, the council shall be
29 authorized to receive information from the program manager
30 that the diversion program holds confidential, including policy
31 and procedures and operations manuals, in order to determine
32 whether the standards of the diversion program are being met. In
33 order to evaluate the effectiveness of the diversion program and
34 the effectiveness of the management of its participants, the
35 council shall be authorized to receive redacted raw data
36 collected by the diversion program; individual case records,
37 redacted so as to not identify the program participant, to
38 determine how the standards of the program are being met; and
39 data analyses for quality assurance.

1 (g) *Members of the council shall receive per diem and*
2 *expenses as provided in Section 103.*

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**All matter omitted in this version of the bill
appears in the bill as amended in the
Senate, August 16, 2005 (JR11)**